

Riley County-Manhattan Health Department
2030 Tecumseh Road, Manhattan, KS 66502
(785) 776-4779, ext. 278

APPLICATION FOR EVALUATION (ESE)

- ☐ Existing Water Supply
☐ Existing Wastewater System

Log#	_____		Client#	_____	
Date (Initial)	_____				
Date (Revisit)	_____		Date (Revisit)	_____	
<u>Fees</u>		<u>Enc#</u>		<u>Paid</u>	
Initial Visit	\$100.00	_____			
Revisit	\$ 50.00	_____			
Revisit	\$ 50.00	_____			

Property address: _____
(Street) (City) (Zip)

Legal Description (copy may be attached): _____ Lot size: _____

Directions to property: _____

Name of Purchaser: _____ Phone: _____
Mailing Address of Purchaser: _____ Phone: _____
Name of Purchaser Agent: _____ Phone: _____
Name of Seller: _____ Phone: _____
Mailing Address of Seller: _____ Phone: _____
Name of Seller's Agent: _____ Phone: _____
Closing Date: _____

WATER SUPPLY INFORMATION (Circle "Yes" or "No" where indicated)

If public, provide name of system: _____

If private, complete the following:

1. Is a well (water supply) contained within the property? Yes No
2. Date of construction: _____ Permit # _____
3. Type of Well Pump: (Circle One) Jet Submersible
4. Is there a water softener in the system? Yes No
5. Has the system been repaired? Yes No
Date and nature of repair: _____
6. Has the structure been treated to prevent or eliminate termites? Yes No

WASTEWATER DISPOSAL INFORMATION (Circle "Yes" or "No" where indicated)

If public, provide name of system: _____

If private, complete the following:

1. Date of installation: _____ Permit Number: _____
2. Type of System: (Circle one) Septic Lagoon Other _____
3. Laundry wastewater is discharged to: _____
4. Date tank was last pumped: _____ (Attach copy of pumping report)
5. Is the house occupied: Yes No If No, indicate date of last occupancy: _____
6. Has the system ever been repaired or modified: Yes No If yes, indicate date and nature of repair/modification: _____

SELLER'S CERTIFICATION

I, (Print name) _____, seller of the dwelling at the location described in this application do hereby certify that the wastewater disposal system is operating satisfactorily and without malfunction at the present time or at the time when last in use, and that all information provided on this application is true and correct to the best of my knowledge and belief.

(Signature of Seller)

(Date)